

INSTRUCTIONS CONTRACTOR INFORMATION PART A

Section 1. Contractor name.

- **For an individual / sole proprietor**, enter your individual name as shown on your Social Security card on the "Name" line.
- **For a single-member Limited Liability Company (LLC)**, including a foreign LLC with a domestic owner, that is disregarded as an entity separate from its owner, enter the owner's name, and then the LLC's name.
- **Other entities.** Enter your business name as shown on your required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity.

Section 2. Business organization. Please mark only one. If you are a foreign person/entity, the IRS may require you to complete Form W-8.

Section 3. Taxpayer Identification Number (TIN) (as used to file federal taxes)

- **Individual / Sole Proprietor** – If you are a sole proprietor and you have a federal Employee Identification Number (EIN), you may enter either your Social Security Number (SSN) or EIN. **However, DSHS prefers that you use your SSN.**
- **Limited Liability Company (LLC)** – Check the appropriate box for your filing (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided. If you are a single-owner LLC that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.
- **Resident alien.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the Social Security Number box.

For this type of business:		Give name and SSN of:
1.	Individual	The individual
2.	Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3.	Sole proprietorship or single-owner LLC	The owner
For this type of business:		Give name and EIN of:
4.	Sole Proprietorship or single-owner LLC	The owner
5.	Corporate or LLC electing corporate status on Form 8832	The corporation
6.	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
7.	Partnership or multi-member LLC	The partnership
8.	Foreign person/Entity	The individual or entity

Section 4. Contractor address and contact information. Please list the person who will be your main contact.

Section 5. Fiscal year, business license, and termination for default information.

A business may be exempt from registering with the State of Washington if:

- Their annual gross income from activities in Washington State is less than \$12,000.
- The business is not required to collect or pay sales tax or use tax.
- The business is not required to obtain a license or registration from another Washington State agency.

Section 6. This information is optional.

Section 7. You must sign and date this form before a DSHS contract can be issued.

CONTRACTOR INTAKE

CONTRACTOR INFORMATION PART A

All new DSHS contractors must sign and submit this form before a DSHS contract is offered.

1. Contractor Name (as legally registered with the IRS - see instructions on page 1)		
2. How is your business organized? Check appropriate box:		
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation, non-profit (please attach a copy of 501(c) status) <input type="checkbox"/> LLC filing as Sole Proprietor <input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Partnership <input type="checkbox"/> Faith-Based Corporation, non-profit (please attach copy of 501 (c) status) <input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> Other	<input type="checkbox"/> Corporation, for-profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> Foreign Person/Entity
3. Taxpayer Identification Number (TIN) (as used to file federal taxes – see instructions on page 1)		
Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions on page 1.	Social Security Number OR Employer Identification Number	
4. Contractor address and contact information.		
ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		
CITY, STATE, AND ZIP CODE		
PHONE NUMBER	EMAIL ADDRESS	
FAX NUMBER		
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT EMAIL ADDRESS	
CONTRACTOR CONTACT PHONE NUMBER	CONTRACTOR CONTACT FAX	
5. Fiscal year, business license, and termination for default information.		
Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date?		
Do you have a current Washington State business license? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, please attach.	What is your Washington State Uniform Business Identifier (UBI) Number?	
If you do not have a Washington State business license, explain why you are exempt from registering your business with the State of Washington. (See instructions on page 1 for exemptions).	Have you had any contract to provide services terminated for default? If so, please attach a list of each terminated contract with an explanation of the situation involved. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Optional information.	
<p>a. Please indicate your race or culture. Check only one group. If you are of more than one race, please check "Other Race."</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Aleut</div> <div style="width: 50%;"><input type="checkbox"/> Cambodian</div> <div style="width: 50%;"><input type="checkbox"/> Filipino</div> <div style="width: 50%;"><input type="checkbox"/> Hispanic</div> <div style="width: 50%;"><input type="checkbox"/> Korean</div> <div style="width: 50%;"><input type="checkbox"/> Spanish</div> <div style="width: 50%;"><input type="checkbox"/> Asian</div> <div style="width: 50%;"><input type="checkbox"/> Chinese</div> <div style="width: 50%;"><input type="checkbox"/> Guamanian</div> <div style="width: 50%;"><input type="checkbox"/> Indian</div> <div style="width: 50%;"><input type="checkbox"/> Laotian</div> <div style="width: 50%;"><input type="checkbox"/> Vietnamese</div> <div style="width: 50%;"><input type="checkbox"/> Black</div> <div style="width: 50%;"><input type="checkbox"/> Eskimo</div> <div style="width: 50%;"><input type="checkbox"/> Hawaiian</div> <div style="width: 50%;"><input type="checkbox"/> Japanese</div> <div style="width: 50%;"><input type="checkbox"/> Latino(a)</div> <div style="width: 50%;"><input type="checkbox"/> White</div> </div> <p><input type="checkbox"/> Other Race (specify/indicate race or culture) _____</p> <p><input type="checkbox"/> Multi-Racial _____</p>	
<p>b. Do any of the following descriptions apply to your business? If so, please check those that apply.</p> <div style="display: flex;"> <div style="width: 50%; padding-right: 10px;"> <p>Certified, for profit Minority-Owned Business Enterprise (MBE)</p> <p>Certification Number: _____</p> <p><input type="checkbox"/> Non-certified, for profit Minority-Owned Business Enterprise (MBE)</p> <p><input type="checkbox"/> Community-Based Organization (CBO) (25% of the Board of Directors of the CBO are minorities representing the population whom the CBO serves)</p> </div> <div style="width: 50%;"> <p>Certified, for profit Woman-Owned Business Enterprise (WBE)</p> <p>Certification Number: _____</p> <p><input type="checkbox"/> Non-certified, for profit Woman-Owned Business Enterprise (WBE)</p> <p><input type="checkbox"/> Owned by person(s) with disabilities</p> <p><input type="checkbox"/> None of the above apply</p> </div> </div>	
<p>7. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.</p>	
CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Required Attachments Checklist – Part A:

Please take the time to ensure you have enclosed the required attachments (when applicable):

- ☐ **Section 2.** If you are a non-profit corporation or faith-based corporation, please attach copy of your 501(c) status.
- ☐ **Section 5.** Copy of business license (unless exempt).
- ☐ **Section 5.** If you have had any contract to provide services terminated for default, please provide a list of each terminated contract with an explanation of the situation involved.

INSTRUCTIONS CONTRACT SPECIFIC INFORMATION PART B

- Section 1.** Please list and provide information for the person who will be the contact **for this contract**.
- Section 2.** Please attach copies of any licenses or certifications listed.
- Section 3.** Business partner, director, manager, officer, employee, and board member information. You must complete this section if your business is not a sole proprietorship. All businesses **must** complete this section and supply a list of all employees who meet the qualifications in this section.
- Section 4.** You must complete this information if you are a sole proprietor.
- Section 5.** You must sign and date this information before a DSHS contract can be issued.

ETHICS CERTIFICATION FOR CURRENT WASHINGTON STATE EMPLOYEES

Please have each current Washington State employee complete and sign this form. These forms must be returned with your completed Contractor Intake form.

ETHICS CERTIFICATION QUESTIONNAIRE FOR FORMER WASHINGTON STATE EMPLOYEES.

Please have each former Washington State employee complete and sign this form. These forms must be returned with your completed Contractor Intake form.

CONTRACT SPECIFIC INFORMATION PART B

**This form must be completed for each new contract or if any information changes.
Part A must also be filled out if you have not contracted with DSHS before.**

1. Contractor Information.	
CONTRACTOR NAME AND DBA (IF ANY) FOR THIS CONTRACT	
Dba:	
CONTACT PERSON FOR THIS CONTRACT	CONTACT PERSON EMAIL ADDRESS FOR THIS CONTRACT
CONTACT PERSON PHONE NUMBER FOR THIS CONTRACT	CONTACT PERSON FAX NUMBER FOR THIS CONTRACT
MAILING ADDRESS FOR THIS CONTRACT	
BILLING ADDRESS FOR THIS CONTRACT (IF DIFFERENT THAN THE MAILING ADDRESS ABOVE)	
FACILITY ADDRESS FOR THIS CONTRACT (IF APPLICABLE)	
2. Please attach copies of the following licenses or certifications:	
3. Business partner, director, manager, officer, employee, and board member information. <i>If you are a sole proprietor skip to question 4.</i>	
If your business is NOT a sole proprietorship, please attach a list of your business' partners, directors, officers, managers, employees, and board members. Please include their names and positions.	
Are any of your business partners, directors, officers, managers, employees, or board members current officers or employees of the State of Washington ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , those persons who are current officers or employees of the State of Washington must complete the attached Ethics Certification for Current Washington State Employees.
Are any of your business partners, directors, officers, managers, employees, or board members former officers or employees of the State of Washington ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , those persons who are former officers or employees of the State of Washington must complete the attached Ethics Certification Questionnaire for Former Washington State Employees.
4. Sole Proprietor Information	
Are you or any of your employees a current officer or employee of the State of Washington ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , you must complete the attached Ethics Certification for Current Washington State Employees.
Are you or any of your employees a former officer or employee of the State of Washington ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , you must complete the attached Ethics Certification Questionnaire for Former Washington State Employees.
5. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.	
CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Required Attachments Checklist – Part B:

Please take the time to ensure you have enclosed the required attachments (when applicable):

- ☐ **Section 2.** Attach copies of any licenses or certifications listed in this section.
- ☐ **Section 3.** If your business is NOT a sole proprietorship, please attach a list of your business' partners, directors, officers, managers, employees, and board members. Please include their names and positions.
- ☐ **Section 3.** If you or any of your business partners, directors, officers, managers, employees, or board members are officers or employees of the State of Washington, each current state officer or employee must complete and attach a copy of the **Ethics Certification Form for Current Washington State Employees.**
- ☐ **Section 3.** If you or any of your business partners, directors, officers, managers, employees, or board members are former officers or employees of the State of Washington, each former state officer or employee must complete and attach a copy of the **Ethics Certification Questionnaire for Former Washington State Employees.**
- ☐ **Section 4.** If you are a sole proprietor, and you are a current officer or employee of the State of Washington, and your contract was not obtained through an open and competitive bid process OR if your bid was the only one received, attach a copy of your Executive Ethics Board approval. Contact the Executive Ethics Board at (360) 664-0871 or by e-mail at ethics@atg.wa.gov for more information.
- ☐ **Section 4.** If you are a sole proprietor, and you are a former officer or employee of the State of Washington, you must complete and attach a copy of the **Ethics Certification Questionnaire for Former Washington State Employees.**

Note regarding honoraria: Current state officers and employees contracting with DSHS for a speech, appearance, article, or similar item or activity in connection with their official role may be exempt from obtaining Executive Ethics Board approval if the payment is not prohibited under RCW 42.52.130(2).

ETHICS CERTIFICATION FOR CURRENT WASHINGTON STATE EMPLOYEES

CONTRACTOR NAME	SERVICES THE CONTRACTOR WILL PROVIDE
CURRENT STATE OFFICER/EMPLOYER NAME	CURRENT STATE EMPLOYER
TITLE OF YOUR STATE JOB	
<p><i>I hereby certify that the following statements are true:</i></p> <p>I am a current employee, member, manager, officer, director, and/or partner of the above-named contractor; and</p> <p>My role with the above-named contractor is not in conflict with the proper discharge of my official duties as a state officer or employee.</p> <p style="text-align: center;">AND THE FOLLOWING IS ALSO TRUE:</p> <p>1. I will not receive any thing of economic value under the contract as defined in RCW 42.52.010 (20);</p> <p style="text-align: center;">OR</p> <p>2. I have complied with RCW 42.52.030 (2);</p> <p style="text-align: center;">OR</p> <p>3. I meet <u>all</u> of the following conditions:</p> <ul style="list-style-type: none"> a. The contract is genuine and I will actually perform work under the contract. b. Performance of the contract is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee. c. Performance of the contract will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment. d. The contract is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DSHS). e. The contract is not one expressly created or authorized by me in my official capacity as a state officer or employee. f. The contract was obtained as part of an open and competitive bid process and my bid was not the only bid received. <p><input type="checkbox"/> If the contract was not obtained through an open and competitive bid process OR my bid was the only one received, I have attached a copy of my Executive Ethics Board approval.</p>	
I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct, and that I will notify DSHS of any changes in any statement.	
STATE OFFICER/EMPLOYEE SIGNATURE	DATE
PRINTED NAME	TITLE

You can contact the Executive Ethics Board at (360) 664-0871 or by e-mail at ethics@atg.wa.gov

ETHICS CERTIFICATION QUESTIONNAIRE FOR FORMER WASHINGTON STATE EMPLOYEES

CONTRACTOR NAME	SERVICES THE CONTRACTOR WILL PROVIDE
FORMER STATE EMPLOYEE NAME	STATE AGENCY WHERE LAST EMPLOYED
FORMER POSITION TITLE	TERMINATION DATE (MM/DD/YYYY)

1. Have you worked for Washington State ("State") within the past two years? ☐ Yes ☐ No
a. If you answered no skip to question 7

2. Have you worked for the State in the last year? ☐ Yes ☐ No
a. If you answered no skip to question 6

3. Did you, during the two years immediately preceding termination of state employment, engage in the negotiation or administration on behalf of the State or agency of one or more contracts with your current employer and were you in a position to make discretionary decisions affecting the outcome of such negotiation or the nature of such administration? ☐ Yes ☐ No
a. If you answered no skip to question 6

4. Did the contract or contracts have a total value of more than ten thousand dollars (\$10,000)? ☐ Yes ☐ No
a. If no you answered skip to question 6

5. Do your duties or the activities with your current employer include fulfilling or implementing, in whole or in part, the provisions of such a contract or contracts or include the supervision or control of actions taken to fulfill or implement, in whole or in part, the provisions of such a contract or contracts? ☐ Yes ☐ No
a. If you answered yes or are unsure you must contact the Executive Ethics Board for guidance.

6. Do have a direct or indirect beneficial interest in a contract or grant that was expressly authorized or funded by specific legislative or executive action in which you participated while a State officer or State employee? ☐ Yes ☐ No
a. If you answered yes or are unsure you must contact the Executive Ethics Board for guidance.

7. Do you know or have reason to believe that the offer of employment or compensation by your current employer was intended, in whole or in part, directly or indirectly, to influence you, or as compensation or reward for your performance or nonperformance of a duty during the course of your State employment? ☐ Yes ☐ No
a. If you answered yes or are unsure you must contact the Executive Ethics Board for guidance.

8. Would the circumstances lead a reasonable person to believe that the offer of employment or compensation by your employer was given for the purpose of influencing the performance or nonperformance of duties by you during the course of State employment? ☐ Yes ☐ No
a. If you answered yes or are unsure you must contact the Executive Ethics Board for guidance.

9. Do your duties or activities with your current employer involve assisting another person, whether or not for compensation, in any transaction involving the State in which you participated at any time during your State employment? ☐ Yes ☐ No
a. If you answered yes or are unsure you must contact the Executive Ethics Board for guidance.

"Employer" means a person as defined in RCW [42.52.010](#) or any other entity or business that the person owns or in which the person has a controlling interest.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct, and that I will notify DSHS of any changes in any statement.

FORMER STATE OFFICER/EMPLOYEE SIGNATURE	DATE
PRINTED NAME	TITLE

You can contact the Executive Ethics Board at (360) 664-0871 or by e-mail at ethics@atg.wa.gov